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ANNUAL REPORT

of the Office of Vocational Rehabilitation

1944

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ANNUAL REPORT

Office of Vocational Rehabilitation

For the Fiscal Year

1944

48786-MIGEL-4

[This report also constitutes Section 3 of the Annual Report of the Federal Security Agency]

FEDERAL SECURITY AGENCY . . . . . PAUL V. MCNUTT, *Administrator*
OFFICE OF VOCATIONAL REHABILITATION . . . MICHAEL J. SHORTLEY, *Director*

UNITED STATES GOVERNMENT PRINTING OFFICE • WASHINGTON : 1944

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ANNUAL REPORT

Office of Vocational Rehabilitation

For the Fiscal Year

1941

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LETTER OF TRANSMITTAL

FEDERAL SECURITY AGENCY,
OFFICE OF VOCATIONAL REHABILITATION,
Washington, D. C., November 1, 1944.

The Honorable PAUL V. McNUTT,
Federal Security Administrator.

DEAR MR. McNUTT:

I have the honor to submit herewith the annual report of the Office of Vocational Rehabilitation for the fiscal year ending June 30, 1944.

Respectfully,

MICHAEL J. SHORTLEY,
Director.

Vocational Rehabilitation

Expansion of the Program

THE EVOLUTION in social and economic thinking on the age-old problem of disablement was summed up in a series of amendments to the Vocational Rehabilitation Act of 1920 with the enactment of Public Law 113, known as the Barden-La Follette Act, by the Seventy-eighth United States Congress on July 6, 1943.

This legislation made vocational rehabilitation available under the Federal-State program to all disabled persons who can profit from this service and broadened the scope of services to include any service necessary to render the disabled capable of engaging in remunerative employment or of becoming more advantageously employable.

The opportunity to provide better rehabilitation services for more disabled people is a milestone in vocational rehabilitation whose legend might well read, "the end of the beginning." It brings to fruition 23 years of pioneering in rehabilitation—years in which the working tools needed were discovered and sound foundations laid on which to build—and makes crystal clear the magnitude of the task ahead for which what has been accomplished is but prologue.

Program expansion is due immediately to war manpower needs. More significantly, it represents the increasing emphasis on human values and the waste of human resources set in bold relief, with the advent of war, by an awakened consciousness that a nation's greatest asset is its people.

The Vocational Rehabilitation Amendments, therefore, recognized the limitations of earlier legislation and the unmet needs of the disabled, as well as their potentiality as a reservoir of untapped manpower.

Fortunately, the legislation was so written that the program includes the mentally as well as the physically disabled. Thus, psychiatric services can be provided for persons with mental disabilities, or physical disabilities complicated by the presence of psychiatric difficulties, or mental retardation. Specific provision was made for the blind; for war-disabled civilians—including merchant seamen—and for civil employees of the United States Government, injured in the performance of their duty.

Federal fiscal provisions were considerably liberalized under the new law by the removal of the fixed ceiling on Federal funds for program operations. All necessary State administrative costs including vocational guidance and counseling, are now assumed by the Federal Government. The costs of medical treatment, vocational training, and similar services for the usual group of handicapped persons are shared by State and Federal Governments on a 50–50 basis; while the cost of services to war disabled civilians involves full Federal reimbursement.

The most important new provision enables the use of Federal funds for physical restoration, so that the disabled may approximate as nearly as possible normal work capacity. Doctors have long pointed out that tackling the complex problem of rehabilitation at any other point is putting the cart before the horse. The integration, therefore, of physical reconstruction with vocational advisement, counseling, and training revitalizes the rehabilitation axiom, "never train around a disability that can be remedied," and rounds out vocational rehabilitation services for a realistic attack on disablement.

Through the cooperative Federal-State plan, the functions of program operations rest with the State Boards of Vocational Education, each having a Division of Vocational Rehabilitation. Rehabilitation for the blind, however, is provided by the State Commissions or Agencies for the Blind where legal authority exists for rendering rehabilitation services. Otherwise, rehabilitation for the blind becomes a function of the State Rehabilitation Agency which, in all cases, provides services for the visually handicapped who do not come within the legal definition of blindness.

The over-all direction of the program was assigned to the Federal Security Agency, in which there was established the Office of Vocational Rehabilitation, with responsibility fixed for the establishment of standards in the various areas of service; for technical assistance to the States; and for certification of Federal funds for grants-in-aid to the States upon the approval of State Plans for Vocational Rehabilitation meeting the requirements of the authorizing act of Congress.

The policy of using existing public and private facilities and of utilizing all resources of service was continued under the expanded program, rather than attempting to equip one agency for the total job of rehabilitation. Thus, training is obtained from public and private schools, from vocational training courses, and from in-service training on the job. Medical and surgical diagnostic services and treatment are purchased or secured from practicing physicians. Hospital care is purchased from public and voluntary hospitals.

In adopting the Vocational Rehabilitation Amendments of 1943, the Congress based its action upon the following statement of purpose and policy: "From the point of view of both Federal and State treasuries, and of the disabled themselves, experience has demonstrated that the best, as well as the most economical, approach is an appropriate program for vocational rehabilitation. Where a disabled person may be made fit for employment, through rehabilitation, and become a tax producer rather than a tax consumer, it would seem poor economy to deny him these necessary services. This is the dollars and cents justification of the program."

Establishment of the Office of Vocational Rehabilitation

On establishing the Office of Vocational Rehabilitation, September 8, 1943, as a constituent unit of the Federal Security Agency to aid the States in carrying on the broadened program, the Federal Security Administrator defined two primary objectives: First, to channel disabled manpower into war production and essential business as rapidly as possible; second, to provide a comprehensive service to enable the disabled to prepare for and secure employment in peacetime pursuits. Program organization and planning, has, thus, been based upon the

development of immediate procedures as the basis of a sound national policy to restore men and women injured in industry or by accident or illness, to that useful place in American production which they are potentially capable of assuming.

To carry out these responsibilities, the Office of Vocational Rehabilitation set up two functional divisions: The Administrative Standards Division made up of two sections—Management Standards and Fiscal Standards and Control; and the Rehabilitation Standards Division comprising four sections—Physical Restoration; Services for the Blind; Advisement, Training, and Placement; Research and Statistics.

Eight Regional offices were established, in conformity with Agency organization, to maintain close working relations between the States and the Federal office.

The close of the fiscal year finds the basic organization and reorganization completed. The problems of securing personnel have presented some difficulties in staffing. Necessary funds for program operations were made available late in December 1943.

The Role of the National Advisory Committees

The formation of two Advisory Committees were early steps taken to bring outside professional advice in matters of general policy and outside medical counsel in the work of physical restoration into program planning and development.

The National Rehabilitation Advisory Council, composed of representatives of business and industry, labor, medicine, education, services to the blind, social welfare, and other interests closely allied to the problems of disablement has given assistance in the adoption of program policies, rules and regulations. Similarly, the blueprinting of plans for physical restoration has been based upon the recommendations of the Professional Advisory Committee, made up of representatives of the medical specialties most actively concerned with rehabilitation. The members of both committees have given advice in the solution of special problems as problems have arisen.

The States Carry on While Reorganizing

As is true in all service programs, the heart of the vocational rehabilitation program is in the States where the people live who need service and services are given. The responsibility of the State Divisions of Vocational Rehabilitation, functioning under the State Boards of Vocational Education, for program operations has this year entailed heavy double duty. Extensive services have had to be set up on a long-range basis, requiring the recruitment and training of new staff members, while every effort was being made to help the disabled to take their places at bench, lathe, and desk to ease the critical manpower shortage. In the 32 States where vocational rehabilitation for the blind will be provided by the State Agencies for the Blind, an entirely new program has had to be formulated.

The placement of the State Directors of Vocational Rehabilitation on a full-time basis and the employment of full-time Supervisors for Blind Rehabilitation were essential procedures for adequate program direction. The establishment of Professional Advisory Committees

in all States during the year and the formation of State Advisory Rehabilitation Councils forged the first links in a strong chain of lay guidance throughout the Nation. Sixteen Regional Conferences and continuous on-the-spot assistance from the Regional Representatives aided the States in developing the organizational framework to do a total rehabilitation job.

In-service training is being used to aid State personnel in refining working techniques in integrating vocational and medical services step by step from the joint diagnoses through the entire rehabilitation process to placement in employment. Seven of these training courses, extending 2 to 3 weeks, have been conducted this year in the Federal office with 125 staff members—program supervisors and case workers—from 40 States participating. Similar courses, arranged by the Regional Representatives and the State Directors, have been held at a central city within the region. A few of these courses have been given in conjunction with State universities or colleges that offered short summer courses in rehabilitation.

State Plans and Grants

On July 1, 1944, 50 States and Territories had submitted State Plans for Vocational Rehabilitation defining the organizational and supervisory structure, policies, and methods to be used in program administration as required by statute. All plans received have been reviewed and approved. Of the 32 States in which rehabilitation services for the blind are expected to be provided as a separate function, 20 State plans submitted by State Commissions for the Blind have been reviewed and approved. The plans for the blind in the remaining 12 States are in process of preparation.

During the fiscal year 1943–44 and on the basis of estimates submitted by the States, $4,758,163.91 was certified to the State Rehabilitation Agencies and the State Commissions for the Blind. Budget estimates submitted by the States indicate that a total of $8,000,000 will be certified to the States for the year 1944–45 with an estimated State expenditure of $4,041,842 for the same period.

Aid to the States With Business Management

The development of techniques to aid the States with fiscal and administrative management has been the concern of the Administrative Standards Division which is also charged with the responsibility for certification of grants-in-aid to the States and the preparation of the Federal budget.

To help the States conform to the change in fiscal provisions from a population basis to a case-load basis, a budget system was established under which 96 semiannual budgets have been reviewed and 132 quarterly grants certified. A new accounting system and a quarterly financial reporting system, correlated with the quarterly case services statistical report, have been designed to tie the cost of services to the services themselves and present a statistical picture in figures of the segments that actually make up rehabilitation. Aid in the State offices in installing the new procedures and in preparing the new fiscal records has been given 25 States by Federal staff members. Twenty-one audits of State records for 1943 are completed and ad-

ministrative surveys of agency operations are planned from which findings common to all States will become available for national use. The study of standards of personnel administration begun in 1944, involving analyses of professional positions and necessary personnel qualifications will be continued to enable the States to determine staff needs and the best use of personnel.

Aid to the States With Rehabilitation Services

In authorizing physical restoration services, the Congress set no limitations on the scope of services which may be provided.

The provision of medical care, however, is conditioned by certain criteria. First, the individual must have a disability which constitutes an employment handicap. Second, the disability must be relatively stable or slowly progressive. In this respect, the intent is to differentiate this program from those providing general medical care for acute illness or injury, or long-term treatment for custodial cases. Third, the disability must be considered to be remediable, that is, it is expected that it can be substantially reduced or eliminated within a reasonable period of time. Furthermore, physical restoration may be provided at public expense insofar as the individual is unable to pay for these services in whole or in part from his own resources.

The Physical Restoration Section was set up in the Rehabilitation Standards Division with the assignment to the Office of Vocational Rehabilitation of a Chief Medical Officer and an Assistant Medical Officer from the United States Public Health Service. This staff will be augmented on September 1 by a specialist in neuropsychiatry and a medical social work consultant. It is hoped in time to secure specialists in other fields so that special studies can be undertaken in the States for the rehabilitation of persons with the most difficult and complex disabilities.

Because the State agencies have had limited experience with providing medical and surgical care in the reconstruction of disabled persons, plans have been drafted not only upon the recommendations of the National and State Advisory Committees but also upon the experience of other Federal agencies administering medical care programs. With advice secured from these sources, a manual of policies covering requirements and recommendations for physical restoration services has been issued to guide the States in setting up and purchasing medical services conforming to the high professional standards of the medical specialty examining boards and approved hospitals.

Under plans evolved for physical restoration units in the States, 2 States have employed full-time physicians in the dual capacity of Medical Administrative Consultant—Supervisor of Physical Restoration. Fifteen States have secured Medical Social Work Consultants, and 2 others are completing arrangements to bring full-time physicians into the program. As of June 30, 1944, the States reported that there were 904 cases receiving physical restoration and 2,201 persons were being fitted with prosthetic appliances. In addition, 27 blinded persons were receiving physical restoration and 12 blind persons were being fitted with prosthetic appliances.

The provision by all States of a medical examination for every case considered for service marks a major advance in the rehabilitation

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process. This examination includes not only a good medical history and physical examination, but all necessary laboratory tests and examinations by specialists. The medical examination is provided, without cost to the disabled, whether or not it is anticipated that physical restoration services will be needed.

The goal of rehabilitation for the blind has been defined as the expansion of the work horizon so that employment opportunities will not be limited to broom making and rug weaving but a blind person may earn his living in any field where his interests and capacities lie. Toward the attainment of this objective, emphasis is placed by the Federal office on the development of services that will enable the States to provide adequate rehabilitation for blind persons resulting in their employment in industry, the professions, commercial enterprises, and rural activities.

To help the States meet the problem of the lack of trained personnel, in-service training courses were set up by the Services for the Blind staff. The first of these courses was designed, with the advice of a small committee familiar with the industrial employment of blind persons, to prepare industrial employment agents for the blind. This course was attended by 10 blind men from 9 States. Training began in Baltimore where trainees went into 21 industries of that city for instructions by plant foremen in about 100 different production processes. These processes had been selected by the Specialist in Industrial Employment for the Blind on the Federal staff—who is himself without sight—through job analyses and demonstrations in the Baltimore plants. At the conclusion of a final week's special training in Washington, the trainees assumed positions on the staffs of their respective States.

Admittedly an experiment, since no project of this kind had been undertaken before, its value was demonstrated by State requests for additional courses and the willingness of Baltimore industrialists to make their plants available for additional classes.

Two motion-picture films showing blind persons at work in industry are now ready for use. These films produced in cooperation with the Division of Visual Aids of the United States Office of Education, are instruction films similar to those used in War Production training activities. They attempt to answer many of the questions asked and objections raised by the sighted employer in the utilization of blind workers.

A training course will begin August 1st for Stand Program Directors of the State Agencies for the Blind who are responsible for the rehabilitation of blind persons into commercial enterprises such as vending stands in office buildings.

The passage in 1936 of the Randolph Sheppard Act, which permits operation of refreshment stands in Federal buildings by blind persons, gave impetus to the stand program as an activity for persons with commercial talents. Three hundred and forty-six stands are now being operated in Federal buildings in the United States and approximately 1,000 stands are in operation in non-Federal buildings.

Additional emphasis is being placed upon case services for disabled persons; stressing the development of techniques for improving counseling services and the adoption of scientific aptitude, interest, and ability tests so that the States may weigh each disabled person's case constructively to determine residual abilities upon which to build.

This is one of the major purposes of the technical sections in the Rehabilitation Standards Division which are also concerned with improving methods for the training and placement of disabled persons being served by the States, and with carrying on reaserch studies which will contribute to the entire rehabilitation program.

The Disabled Served by the Program

The States had a register of 269,960 disabled persons in the fiscal year 1944. Of this number, rehabilitation services were rendered 145,059 men and women. An analysis of these cases served reveals that rehabilitation was completed for 43,997 of these persons with their placement in suitable employment. An additional 2,883 persons received service but because of personal factors, aggravated disability, or death did not enter employment.

The cases of 23,460 individuals were closed with the rehabilitation services of interview, counseling, and guidance being found sufficient for their needs. There was a transfer of 495 cases between States. The live case rolls on June 30 carried 74,224 cases in process of rehabilitation.

The cases of 61,565 persons who were reported in the register during the year were investigated but no services rendered for the following reasons: services declined; services not needed; individual not eligible; individual not sufficiently cooperative to make rehabilitation possible; individual needing services other than vocational rehabilitation; referred to other agencies; migratory shifting by individual. At the close of the fiscal year there remained 63,336 cases in reported status. A large proportion of this number being young men classified 4F by Selective Service Boards who perhaps need rehabilitation but were working and not currently interested in rehabilitation services.

The average per case cost of rehabilitation in 1944, as shown by State financial reports, was $146.91—a figure which may be slightly revised when State audits are completed. Altered training conditions and more extensive physical reconstruction services will increase the cost of rehabilitation in the future. It is not anticipated that the average cost of rehabilitating a disabled individual will exceed the cost of maintaining a disabled person for 1 year at public expense.

For many persons permanently disabled, some form of support must be provided. In the past, this has too often meant general public assistance, not only for the disabled individual but also for his family, with the burden falling mainly on local assistance roles. The average yearly cost of such aid is $300 to $500 per case. Vocational rehabilitation costs on the average $300 and is, moreover, a nonrecurring expenditure.

The results of services measured over the fiscal year 1944 in which the States rendered service to 145,000 disabled persons, and restored 44,000 of them to employment show the returns that accrue from the investment.

Of these 44,000 persons 22.9 percent, or 10,076, had never been employed; 88.8 percent, or 39,072, were not working at the time rehabilitation services began. Total annual earnings of the 44,000 amounted to $6,283,200 prior to rehabilitation. As against this sum—which represents the entire amount earned by this group of 44,000

disabled individuals—total earnings after rehabilitation rose to $77,786,697—more than a twelvefold increase.

An indication of the character and extent of disablement in the population is found in the types of cases rehabilitated in 1944. Those suffering from poliomyelitis totaled 3,237; cerebral palsy 387; orthopedic, other than poliomyelitis and cerebral palsy, 15,592; blind 1,112; defective vision 2,253; one eye 1,720; deaf 577; deaf mute 746; hard of hearing 2,494; arthritis 761; cardiac 2,158; diabetes 199; hernia 1,088; speech defect 309; pulmonary tuberculosis 2,668; mental 760; other 5,129.

These persons referred to in these statistics as "the disabled" are not just statistics. The figures, the facts, deal with the lives of American people—and the most interesting part of these facts and figures are the things which are not in them. It is good to know that the needs of 145,000 disabled persons are being met and that 44,000 of them are now back on their feet in normal occupations asking no odds. But the vital point is missed if those who glance at the figures do not see in their mind's eye a picture of a man upon whose face shows the satisfaction properly felt by a useful worker, or the face of a woman from which the tragic lines have been erased by the regained capacity to work.

Each of the 44,000 persons rehabilitated into employment attests the fact that almost every disability can be overcome and there are individual talents which can be developed into skills. For example, fine mechanical drawing in an eastern arms plant is done by a lad using a prosthetic appliance in place of a right hand; a middle-aged man—injured in a highway accident—grinds lenses for navy binoculars; two youngsters discharged from the Merchant Marine following spinal meningitis are apprentices of the printing trade in the plant of a southern newspaper; a Negro boy operates his own shoe-repair shop from a wheel chair; blind men burr and assemble parts for airplanes in the major aircraft plants—others are riveters and spot welders; the man who keeps the watches of a great railroad on the minute gets about on an artificial limb; a young woman lamed by infantile paralysis is an efficient laboratory technician; a man with arrested tuberculosis is a fluoroscopic operator for a public health department.

During the 23 years of program operations prior to 1943, 210,000 persons were rehabilitated into employment. Upon entering employment, each of these men and women became a demonstration to some community and to some employer of the utilization of the physically handicapped who are carefully prepared and intelligently placed. With the emergency labor shortage, the extensive use of disabled workers put this demonstration on a national scale almost overnight. Not only have the State Rehabilitation Agencies rehabilitated 108,000 disabled persons into the labor forces in the past 3 years, but their placement is reflected in the recruitment of thousands of others by employment agencies and private industry. Evaluation of the work performance of this group is, therefore, important.

The recent survey made by a Committee of the American Association of Industrial Physicians and Surgeons in a large industrial plant, compared the working abilities of 635 employees having physical disabilities with the same number of nondisabled over a given period of time. The findings of this survey show that 8 percent fewer disabled resigned than nondisabled; 7 percent fewer absences were re-

ported for the disabled; 7½ percent fewer discharges occurred among the disabled; 5½ percent fewer accidents occurred among the disabled; and the earnings of the disabled increased 4½ percent against 4 percent for the ablebodied.

Even more telling and impressive is the evidence that comes, in a study made by the Office of Vocational Rehabilitation, directly from 117 major industrial establishments that have used disabled people in the past and are now employing them in substantial numbers. These replies indicate conclusively that physically impaired workers produce as much or possibly a little more than ablebodied employees; while of note is the practically unanimous report that disabled workers are dependable, regular in attendance, and careful in observance of safety regulations. Many employers have found that disabled persons are likely to be more careful in their movements than others. If their disabilities are due to prior accidents, they have learned the lesson of safety the hard way and are constantly on guard to prevent further injuries to themselves and to protect their fellow workers.

The industrial accident rate of physically impaired workers, as reported by 87 of these great industrial plants each having from 50 to 12,000 handicapped employees, shows some interesting figures. Fifty-six percent of the employers found the accident rate lower than for the ablebodied; 42 percent stated the rate was the same as for the ablebodied; only 2 percent found it to be higher among the handicapped.

Rehabilitation an Individual Service

The restoration of the disabled to remunerative employment is the purpose of vocational rehabilitation. Therefore, in determining eligibility for rehabilitation, the States base their decisions upon three basic principles:

1. A person must be of employable age.
2. An occupational handicap must exist by reason of disability.
3. The individual may be rendered employable or more advantageously employable through rehabilitation services.

While it has always been necessary to formulate and carry out individual plans for rehabilitation designed to meet the special needs of a disabled person, a new outline has been prepared to guide the States in developing individual rehabilitation plans in terms of the services now available. This outline covers the essential integral factors in the rehabilitation process, all or part of which may be required for successful adjustment:

1. *Finding the Disabled.*—The activities of each rehabilitation worker include the maintenance of community contacts for the location of disabled persons as early as possible after disability occurs. Many persons in need of rehabilitation are referred by public and private agencies under cooperative agreements which provide for the interchange of information and experience, maximum use of facilities, and mutual referral of cases. Among the sources from which referrals are automatically made are the following agencies which have Statewide coverage: United States Employment Service, Department of Education, Department of Public Welfare, Department of Public Health, Department of Agriculture, Workmen's Compensation Commission, Selective Service System, American Red Cross, and Crippled Children's Societies. Other referrals come from social agencies, city

and county officials, doctors, hospitals, churches, and private citizens. Often the disabled themselves apply for rehabilitation. Whatever the source of referral, every effort is made to take preliminary service to the disabled promptly so that rehabilitation may begin before despondency and hopelessness set in.

2. *Medical and Vocational Diagnoses.*—A thorough medical examination, which may include not only a general medical examination but such specialist and laboratory examinations as are required, is provided each applicant for rehabilitation to determine eligibility, and to link his capacities with the physical demands of jobs. From this a medical diagnosis is made. Similarly, a vocational diagnosis is made by interviews and tests of aptitudes, interests, education, work experience, and other characteristics which facilitate or hinder satisfactory vocational adjustment. These two diagnoses form the basis for determining an appropriate rehabilitation plan which is formulated in cooperation with the disabled person, and undertaken with the consent and cooperation of his family.

3. *Advisement and Counseling.*—The continuous service that binds all of the rehabilitation services into an organized plan is that of vocational advisement and counseling which begins with the initial interview and runs through to placement in employment. Counseling helps the disabled person to understand his assets and liabilities, the causes of his present problems, and the steps necessary to correct these difficulties. It plays an important part in the selection of suitable fields of work by relating occupational capacities to job requirements and community occupational opportunities. Vocational advisement and counseling, also, represents that part of the rehabilitation process whereby the resources of community and State are drawn upon for the physical restoration of a disabled person and his preparation for a job objective.

4. *Physical Restoration.*—The physical reconstruction of a disabled person may include any type of medical or allied services which will aid in eliminating or substantially reducing an individual's disability as an employment handicap. Medical, surgical, and psychiatric services; physical and occupational therapy; hospitalization; dentistry; care in a convalescent or nursing home; drugs and supplies; prosthetic appliances (including artificial limbs, braces, hearing aids, eye glasses, dentures, etc.) are provided as necessary to improve employability. Medical advice is used in selecting the type of training to be given in preparation for employment and in determining the work tolerance of an individual.

5. *Vocational Training.*—Training is provided as one means of preparing for employment and includes mental and manual training, prevocational, vocational, and supplementary training. Regardless of the nature of training, it must be directed towards the achievement of a definite vocational goal.

6. *Maintenance and Transportation.*—A number of auxiliary services are provided to enable a disabled person to take full advantage of the major rehabilitation services. Maintenance to cover essential living expenses, transportation, and training materials and supplies may be furnished the disabled person during the period he is receiving any of the rehabilitation services. Occupational tools, equipment, and licenses may be supplied when necessary to employment.

7. *Placement in Employment.*—The placement of a disabled person

in employment where the best use of skills and abilities will be made and with due care to safeguard against further injuries is the culmination of satisfactory rehabilitation. No rehabilitation case is closed until the disabled person is on the job, adjusted to the job and working conditions, and is receiving a wage commensurate with wages paid to regular workers in the occupation.

Cooperation With Other Agencies

In order to make the best use of existing facilities for disabled persons and to avoid wasteful duplication of services, cooperative agreements have been entered into with a number of Federal agencies with related programs. These agreements are statements of certain basic principles to be translated into working relationships within the States for the interchange of information and experience, maximum use of all facilities, and mutual referral of cases.

For example, the agreement with the United States Employment Service of the War Manpower Commission was designed to unite the two programs in the preparation and placement of physically impaired workers. Under this agreement, the State Rehabilitation Agency assumes responsibility for providing rehabilitation services preparatory to employment, USES undertakes placement in employment in accordance with the job objective previously determined, and the Rehabilitation Agency furnishes post-placement supervision until job adjustment has been made. Joint use is made of individual case records and of labor market information.

Similarly, there are mutual advantages in the agreement with the Bureau of Public Assistance of the Social Security Board which permits the continuance of maintenance to a handicapped person receiving public assistance while the individual is being prepared by rehabilitation services for a job. Thus each agency continues its responsibility with a common purpose.

Disabled merchant seamen who may be rendered fit for further sea duty or rehabilitated into private employment are provided for in the agreement with the port medical officers of the War Shipping Administration and the Marine Hospitals of the United States Public Health Service.

The agreement with the United States Employees Compensation Commission makes rehabilitation available to members of the Coast Guard Temporary Reserves and members of the Women's Reserves known as SPARS. Civil employees of the Federal Government—injured in the performance of their duty—are, likewise, covered in this agreement.

Other agreements entered into are with the United States Veterans' Administration and the Children's Bureau of the United States Department of Labor. While no formalized agreements exist with the voluntary agencies providing special services for certain groups of the disabled, many of these agencies are represented on the two national advisory committees and there has been close cooperation in program planning to integrate private and public activities and services.

The Results of "Team-work"

The accomplishments possible through effective cooperation are illustrated by the "team-work" of the United States Civil Service

Commission's Regional Offices and the State Rehabilitation Agencies in placing 32,000 handicapped persons—450 of whom are blind—in the heavy Government industries, professional positions, and clerical jobs, scattered through the continental United States in the past 20 months. Clinics for the handicapped which originated in the Southeastern States have been one of the methods used in bringing workers and jobs together. In these clinics, disabled persons were located by the Rehabilitation Agencies and furnished medical examinations and vocational counseling. The Civil Service Commission identified suitable occupations by job and physical requirement analyses and arranged for hiring by the employing agencies of the Government and other employers attending the clinics. Transportation to navy yards, arsenals, and air depots was provided by the Rehabilitation Agencies where necessary, and maintenance was furnished each disabled person in need during the on-the-job training period.

The Scope of the Problem

One of the first undertakings, after the Office of Vocational Rehabilitation was established, was a survey of the records available in public and private agencies which might aid in measuring the scope of the problem in definite terms. Findings on health, accident rates, and employment rates made during the period 1940–43 were studied from the following sources: United States Office of Education, United States Public Health Service, Social Security Board, National Youth Administration of the Federal Security Agency; War Manpower Commission, United States Civil Service Commission, Selective Service, United States Department of Labor, a Committee of the American Association of Industrial Physicians and Surgeons, National Safety Council, and the private agencies serving special groups of the disabled. Several individual State studies which had been made by the State Rehabilitation Agencies were also reviewed. An analysis of these records revealed the variants not only in the purpose for which statistics were compiled but also in the population covered. The criteria used in determining disability varied widely. Many essential facts about the disabled were unknown. There was, however, unanimous opinion that the results of the investigations that have been made of disablement point to a much larger problem than is commonly recognized.

Another factor to be considered was that all available data omitted the mentally handicapped and persons who were in institutions. Ir some instances, persons with visual defects were not included in the statistics. Finally the data had been compiled and interpreted before vocational rehabilitation was made available to all groups of handicapped persons and the services of rehabilitation expanded.

As the data in the United States Public Health Service was by far the most extensive and complete and was in general use by all agencies concerned with the employment of handicapped persons, these estimates were tentatively accepted as outlining the extent of disablement and the problems of adjustment in broad proportions.

The physically handicapped males between the ages 15–64 in the population (excluding vision defects) as identified in the National Health Survey, were separated by the Public Health Service into three groups with reference to their employability. In the first

group, some 6,560,000 men were designated as able to work under usual industrial conditions provided they can be given vocational guidance and selective placement. It should be borne in mind, however, that the men in this group have disabilities which constitute potential obstacles to reemployment at each change of job. Slightly over 1,000,000 men were recorded in the second group as in need of vocational training and possibly medical care before employment could be obtained in business, industry, or agriculture. The third group, estimated at 350,000 men, was listed as so severely impaired by disease or accident that even after rehabilitation, employment in sheltered work—either in special shops or in the home—seemed the only possibility.

Although the gross estimates of disablement were evenly divided between the sexes, only about one-fourth of the female population was in the labor forces. No estimates were, therefore, attempted on the employability of handicapped women or their need for rehabilitation services.

Investigation of the annual increment in disablement indicated a consistent trend and pattern. There was, however, a marked variation in estimates of the number of disabled persons whose handicaps result from congenital deficiencies, accidents, and chronic diseases, who are potentially in need of rehabilitation. These estimates ranged from 80,000 to 250,000 per year. There was no comprehensive information on the increases in chronic diseases and congenital deficiencies over a given period of time. Accident rates were summed up by the National Safety Council and Bureau of Labor Statistics as follows:

Groups	*Permanently disabled, 1942*
I. Auto	80,000
II. Home	120,000
III. Work (occupational)	100,800
IV. Public (all other)	50,000
Total	350,800

Groups	*Permanently disabled, 1943*
I. Auto	70,000
II. Home	120,000
III. Work (occupational)	108,000
IV. Public (all other)	60,000
Total	358,000

Since the term "permanently disabled" included permanent partial and permanent total disabilities ranging from a stiffened joint or an amputated finger to complete disablement, it was apparent, that the needs for rehabilitation among accident victims would vary as to individuals and their occupations.

Studies in the Problems of Disablement

An approach to the solution of some of the problems vitally related to the restoration of the disabled to employment underlies several studies in which the Federal office is participating. One of these is a study of the Nation-wide extension of Second Injury Funds under Workmen's Compensation Laws. As a protection to both employers and employees, the enactment of such legislation will greatly encourage

the use of disabled workers in peace-time employment. Another study being undertaken in conjunction with the National Society for Crippled Children—into which other voluntary agencies will be drawn—seeks to develop services and facilities for those severely disabled persons whose impairment prevents them permanently, or for a substantial period, from entering the usual occupations. Other studies are directed by the National Research Council, the Center for Safety Education of New York University working jointly with a large group of casualty insurance companies, the United States Civil Service Commission, and the Industrial Hygiene Division of the United State Public Health Service. These studies undertake to collect and collate information that will result in the systematic compilation of data on the extent and type of disabilities; on job standards and demonstrated characteristics of the physically disabled; and on the employment experience of disabled persons in industry and other occupations. Much benefit has already been derived from the continuous studies conducted by the War Manpower Commission in the development of selective placement techniques for the utilization of disabled workers.

Public Discussion of Disablement and Rehabilitation

Popular and professional interest in the vocational adjustment of the physically and mentally handicapped now coming under the program is evidenced by the public discussion of disablement and rehabilitation being led by State and national groups in which representatives of the Office of Vocational Rehabilitation are taking part.

These conference discussions with national groups include American Vocational Association; Association for the Crippled and Disabled; American Public Welfare Association; Congress on Industrial Health, American Medical Association; American Hospital Association; National Conference of Social Work; National Conference of Catholic Charities; American Physiotherapy Association; National Wartime Conference on Professional and White-Collar Workers; National Council on Rehabilitation; American Association of Medical Social Workers; Catholic Hospital Association; Farm Foundation; National Health Services of the Rockefeller Foundation; Seminar on Industrial Ophthalmology, New York Academy of Medicine; National Organization for Public Health Nursing; Baruch Committee on Physical Medicine; American Management Association; International Council of Churches; American Society for the Hard of Hearing; American Association of Teachers of Speech; American Association of Schools of Social Work.

District of Columbia Rehabilitation Services

The Office of Vocational Rehabilitation is also charged with the administration, under act of the Congress, of a program to provide vocational rehabilitation services for the disabled residents of the District of Columbia.

Under this program 435 persons were rehabilitated during the fiscal year. Of this number, 161 persons were placed in essential Government jobs, while 274 were placed in jobs essential to the civilian economy. The contribution to the dwindling man-power reserves is

only one phase of the total accomplishment of the rehabilitation program of the District of Columbia Rehabilitation Service.

In terms of dollars and cents, the annual earnings of the 435 persons rehabilitated will amount to $714,636.00 the first year after rehabilitation.

Of all rehabilitated cases, 76, or 17.5 percent, were referred by the District of Columbia Board of Public Welfare. The annual earnings of this group alone will amount to approximately $103,320.00 If these persons had not been restored to remunerative employment, it would have cost the Board of Public Welfare $25,016.00 as an annual recurring expense, while the cost of rehabilitation amounted to only $3,592.

Total case load	1,869
Total number rehabilitated	435
Total annual earnings	$714,636.00
Average weekly wage	$31.59
Average cost per case	$47.66
Number rehabilitated known to the D. C. Board of Public Welfare	76
Average cost of rehabilitating relief cases	$47.26
Annual cost of support of these 76 persons on relief	$25,016.00
Cost of rehabilitation of these 76 persons on relief	$3,592.00
Annual earnings of this group	$103,320.00

Appendix

Table 1.—*Summary of case load during fiscal year 1944*

Nation-wide total of cases registered		269, 960
1. Cases receiving services	145, 059	
a. Closed—Rehabilitated—Placement in employment following services	43, 997	
b. Closed—Rehabilitation Services—Interview, counseling, and guidance	23, 460	
c. Closed—Serviced—Not employed [1]	2, 883	
d. Closed—Transferred to other States	495	
e. Live case roll [2]	74, 224	
2. Cases reported and investigated [3]	61, 565	
3. Cases reported [4]	63, 336	

[1] Serviced, not employed because of personal factors, illness, aggravated disability, death.
[2] In process of rehabilitation on June 30, 1944.
[3] Services declined: services not needed; individual not eligible; individual not sufficiently; cooperative to make rehabilitation possible; individual needing services other than vocational rehabilitation; referred to other agencies; migratory shifting by individual.
[4] Reported—Status not determined.

Table 2.—*Total caseload, by States and Regions, during fiscal year 1944*

State or Territory	Total	Rehabilitated into employment	Interviewed and counselled	Serviced—Not employed [1]	Transferred to other States	Live case roll [2]	Reported and investigated [3]	Reported [4]
U. S. total	269, 960	43, 997	23, 460	2, 883	495	74, 224	61, 565	63, 336
Region I:								
Connecticut	3, 773	836	315	76	0	1, 013	697	836
Maine	1, 898	131	33	44	2	244	422	1, 022
Maine (blind)	60	17	1	6	0	26	3	7
Massachusetts	3, 836	477	526	58	0	1, 081	686	1, 008
New Hampshire	414	78	98	11	0	206	21	(5)
New York	21, 727	2, 564	2, 955	370	0	2, 356	12, 203	1, 279
Rhode Island	776	68	119	9	4	314	79	183
Rhode Island (blind)	31	0	0	0	0	31	0	0
Vermont	1, 637	125	58	15	0	194	439	806
Region II:								
Delaware	2, 355	160	66	9	12	354	326	1, 428
Delaware (blind)	30	4	4	0	1	13	4	4
District of Columbia	1, 849	435	66	4	24	784	127	409
Maryland	1, 727	355	193	35	0	877	89	178
New Jersey	6, 638	2, 640	1, 785	101	1	1, 551	102	458
Pennsylvania	13, 803	1, 428	1, 436	104	1	3, 149	1, 477	6, 208
Virginia	9, 161	1, 285	993	35	26	2, 814	2, 973	1, 035
West Virginia	5, 777	691	461	11	0	1, 456	1, 450	1, 708
Region III:								
Alabama	9, 443	2, 564	159	124	0	4, 821	679	1, 096
Florida	4, 278	820	941	110	0	1, 691	(5)	716
Florida (blind)	108	17	0	0	0	91	0	0
Georgia	21, 382	2, 771	541	79	29	4, 130	2, 479	11. 353
Mississippi	4, 379	820	449	28	4	1, 140	1, 301	637
North Carolina	5, 867	1, 584	554	15	98	2, 627	701	288
North Carolina (blind)	898	51	3	0	4	325	2	513
Puerto Rico	4, 535	153	157	13	0	908	699	2, 605
South Carolina	6, 817	1, 763	669	72	1	1, 602	1, 805	905
Tennessee	11, 061	1, 530	683	47	67	3, 481	1, 835	3, 418
Tennessee (blind)	45	0	0	0	0	27	0	18
Region IV:								
Illinois	7, 691	1, 688	2, 136	158	29	2, 469	775	436
Indiana	4, 172	483	334	53	2	1, 904	671	725
Kentucky	10, 571	2, 131	424	78	6	3, 586	2, 073	2, 273
Michigan	10, 297	1, 366	432	72	24	2, 538	3, 407	2, 458
Michigan (blind)	30	9	0	0	0	21	0	0
Ohio	4, 182	1, 025	743	87	67	1, 331	638	291
Ohio (blind)	66	17	0	0	0	42	0	7
Wisconsin	8, 417	1, 001	438	144	2	3, 410	1, 345	2, 077
Wisconsin (blind)	58	29	1	6	0	22	0	0
Region V:								
Iowa	8, 894	330	148	20	0	733	6, 611	1, 052
Minnesota	4, 490	531	317	10	4	1, 295	894	1, 439
Minnesota (blind)	429	80	36	0	0	119	77	117
Nebraska	990	151	67	17	0	226	145	384
North Dakota	775	81	120	15	0	357	62	140
South Dakota	294	32	17	9	1	117	39	79

See footnotes at end of table.

Table 2.—*Total caseload, by States and Regions, during fiscal year 1944*—Continued

State or Territory	Total	Rehabilitated into employment	Interviewed and counselled	Serviced—Not employed [1]	Transferred to other States	Live case roll [2]	Reported and investigated [3]	Reported [4]
Region VI:								
Arkansas	4,201	733	259	9	8	1,266	1,083	843
Kansas	1,951	221	311	31	0	363	69	956
Kansas (blind)	173	99	0	0	0	60	0	14
Louisiana	5,962	2,141	935	76	0	2,487	86	237
Louisiana (blind)	275	38	17	1	0	127	18	74
Missouri	3,292	969	221	68	15	1,681	148	190
Missouri (blind)	52	0	0	0	0	35	5	12
New Mexico	1,160	33	52	14	2	166	633	260
New Mexico (blind)	10	0	0	0	0	8	0	2
Oklahoma	4,438	976	379	42	4	1,918	717	402
Texas	7,376	1,832	397	93	11	3,133	656	1,254
Texas (blind)	677	90	15	0	6	102	21	443
Region VII:								
Colorado	901	198	266	66	2	369	[5]	[5]
Idaho	1,169	57	73	19	0	153	849	18
Montana	769	112	95	23	0	225	169	145
Utah	1,001	147	66	6	0	448	169	165
Wyoming	338	37	26	4	0	153	26	92
Region VIII:								
Arizona	957	94	246	10	0	301	15	291
California	22,644	3,196	836	309	0	4,049	7,842	6,412
Hawaii	1,381	117	197	5	0	297	380	385
Nevada	527	12	114	2	0	64	181	154
Oregon	3,158	159	396	15	19	773	756	1,040
Washington	1,679	406	81	45	19	406	392	330
Washington (blind)	208	9	0	0	0	164	14	21

[1] Serviced, not employed because of personal factors, illness, aggravated disability, death.
[2] In process of rehabilitation on June 30, 1944.
[3] Services declined; services not needed; individual not eligible; individual not sufficiently cooperative to make rehabilitation possible; individual needing services other than vocational rehabilitation; referred to other agencies; migratory shifting by individual.
[4] Reported—Status not determined.
[5] Data not available.

SOURCE: Annual Statistical Reports.

Table 3.—*Preliminary tabulation of types of disabilities, by regions, of persons rehabilitated in fiscal year 1944*

Region	Poliomyelitis	Cerebral palsy	Orthopedic [1]	Blind	Defective vision	One eye	Deaf	Deaf mute	Hard of hearing
I	282	27	1,159	68	185	518	51	41	231
II	386	55	1,935	122	172	106	81	83	296
III [1]	623	114	4,642	195	981	533	100	173	577
IV	606	91	3,234	204	399	176	134	101	697
V	207	22	439	89	24	5	46	48	67
VI	762	29	2,737	305	353	234	107	219	361
VII [1]	51	2	178	6	4	10	5	10	9
VIII	320	47	1,268	123	135	138	53	71	256
U. S. total [2]	3,237	387	15,592	1,112	2,253	1,720	577	746	2,494

Region	Arthritis	Cardiac	Diabetes	Hernia	Speech defect	Tuberculosis (pulm.)	Mental	Other	Grand total
I	40	261	8	39	4	420	124	847	4,305
II	69	257	17	55	48	338	48	281	4,349
III [1]	300	568	78	481	119	419	293	1,877	12,073
IV	91	338	32	166	60	613	62	770	7,774
V	13	38	7	14	6	83	4	93	1,205
VI	129	377	28	203	53	304	134	804	7,139
VII [1]	1	26	2	2	2	8	------	36	352
VIII	118	293	27	128	17	483	95	421	3,993
U. S. total [2]	761	2,158	199	1,088	309	2,668	760	5,129	41,190

[1] Orthopedic conditions other than poliomyelitis and cerebral palsy.
[2] Data not available from Colorado and New Jersey for 1944.

SOURCE: Special reports from States.

Table 4.—*Total expenditures from Federal and State funds for vocational rehabilitation by State Boards of Vocational Education during the fiscal year ended June 30, 1944*

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Administration	Vocational guidance and placement	Purchased services
Total expenditures	[1] $6,259,498.86	$3,971,519.66	$2,287,979.20	$925,232.53	$1,969,594.71	$3,364,671.62
Region I:						
Connecticut	89,836.93	67,937.07	21,899.86	35,887.18	20,465.08	33,484.67
Maine	47,128.11	34,672.76	12,455.35	13,036.34	11,719.01	22,372.76
Massachusetts	96,034.13	64,757.11	31,277.02	7,934.02	37,532.33	50,567.78
New Hampshire	19,015.81	12,637.32	6,378.49	2,644.12	5,069.77	11,301.92
New York	450,676.42	300,190.25	150,486.17	95,157.86	122,377.82	233,140.74
Rhode Island	29,424.21	17,124.36	12,299.85	4,884.74	4,511.08	20,028.39
Vermont	44,032.36	29,032.36	15,000.00	5,429.15	15,328.47	23,274.74
Region II:						
Delaware	33,166.96	25,426.36	7,740.60	5,084.18	17,691.91	10,390.87
District of Columbia	50,701.81	28,898.40	21,803.41	6,984.08	21,914.32	21,803.41
Maryland	56,117.22	33,021.09	23,096.13	9,372.37	26,798.62	19,946.23
New Jersey	116,164.48	99,623.10	16,541.38	25,076.20	58,005.52	33,082.76
Pennsylvania	353,500.59	220,313.30	133,187.29	52,533.98	63,583.77	237,382.84
Virginia	133,340.57	93,182.26	40,158.31	21,435.37	45,885.98	66,019.22
West Virginia	96,188.00	63,900.95	32,287.05	7,292.99	31,412.48	57,482.53
Region III:						
Alabama	141,126.35	95,650.05	45,476.30	19,020.29	39,381.44	82,724.62
Florida	130,630.00	92,237.86	38,392.14	26,829.44	42,695.66	61,104.90
Georgia	332,770.94	238,242.75	94,528.19	44,223.46	142,072.23	146,475.25
Mississippi	100,346.36	67,846.55	32,499.81	13,464.94	35,037.75	51,843.67
North Carolina	204,426.02	130,328.15	74,097.87	11,351.42	59,982.10	133,092.50
Puerto Rico	53,587.76	34,237.33	19,350.43	15,262.92	17,142.42	21,182.42
South Carolina	149,700.04	85,444.67	64,255.37	19,374.36	35,366.09	94,959.59
Tennessee	205,151.02	141,232.79	63,918.23	25,634.34	71,805.72	107,710.96
Region IV:						
Illinois	567,731.66	256,092.98	311,638.68	19,423.74	168,357.72	379,950.20
Indiana	135,410.02	78,780.94	56,629.08	14,604.48	28,232.14	92,573.40
Kentucky	182,916.75	129,668.19	53,248.56	11,091.00	85,501.46	86,324.29
Michigan	257,408.58	183,624.82	73,783.76	60,989.55	68,473.03	127,946.00
Ohio	193,847.63	99,775.64	94,071.99	14,586.12	42,555.27	136,706.24
Wisconsin	268,315.22	186,865.51	81,449.71	55,313.90	88,763.87	124,237.45
Region V:						
Iowa	52,841.32	32,546.05	20,295.27	13,916.04	19,227.61	19,697.67
Minnesota	90,876.54	52,339.15	38,537.39	7,086.12	31,568.52	52,221.90
Nebraska	38,403.73	16,787.00	21,616.73	3,916.95	20,183.90	14,302.88
North Dakota	39,016.07	24,876.27	14,139.80	6,803.52	6,663.02	25,549.53
South Dakota	10,611.13	6,347.39	4,263.74	1,913.56	3,332.73	5,364.84
Region VI:						
Arkansas	85,390.18	62,648.32	22,741.86	9,184.39	40,886.30	35,319.49
Kansas	30,500.65	21,835.35	8,665.30	8,106.97	11,728.70	10,664.98
Louisiana	91,472.51	65,275.82	26,196.69	10,784.29	42,981.47	37,706.75
Missouri	114,343.86	69,205.48	45,138.38	14,322.27	19,296.11	80,725.48
New Mexico	23,717.24	15,717.74	7,999.50	5,115.76	7,365.92	11,235.56
Oklahoma	120,606.99	61,946.41	58,660.58	20,509.90	47,338.01	52,759.08
Texas	338,053.05	190,661.74	147,391.31	41,889.48	78,974.36	217,189.21
Region VII:						
Colorado	29,714.09	9,239.72	20,474.37	9,606.82	7,830.75	12,276.52
Idaho	20,385.61	13,572.26	6,813.35	3,816.42	4,612.57	11,956.62
Montana	40,085.77	24,163.51	15,922.26	9,028.31	11,160.55	19,896.91
Utah	20,517.10	13,641.82	6,875.28	1,710.24	7,198.27	11,608.59
Wyoming	10,569.05	5,600.98	4,968.07	2,793.32	3,307.34	4,468.39
Region VIII:						
Arizona	22,049.26	12,373.51	9,675.75	6,033.04	6,396.16	9,620.06
California	392,561.72	267,090.58	125,471.14	80,717.22	133,440.77	178,403.73
Hawaii	24,610.94	18,773.90	5,837.04	8,062.68	8,877.91	7,670.35
Nevada	5,959.11	4,171.75	1,787.36	802.76	3,816.53	1,339.82
Oregon	41,335.73	27,309.14	14,026.59	6,998.57	14,879.00	19,458.16
Washington	77,181.26	44,650.85	32,530.41	8,191.36	30,865.15	38,124.75

[1] Based on reports from States, subject to audit.

Table 5.—*Total expenditures from Federal and State funds for vocational rehabilitation of the blind by State Commissions or Agencies for the Blind during the fiscal year ended June 30, 1944*

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Administration	Vocational guidance and placement	Purchased services
Total expenditures	[1] $112,493.26	$80,031.60	$32,461.66	$28,395.19	$47,846.02	$36,252.05
Region I: Maine	4,924.89	3,290.72	1,634.17	2,160.55	2,137.28	627.06
Region II: Delaware	2,160.56	1,808.44	352.12	1,290.58	165.75	704.23
Region III:						
Florida	5,569.43	5,569.43		1,546.64	3,272.79	750.00
North Carolina	41,713.79	26,174.50	15,539.29	2,727.81	7,818.00	31,167.98
South Carolina	402.60	402.60		402.60		
Tennessee	1,959.88	1,578.25	381.63	259.22	937.40	763.26
Region IV:						
Michigan	16,920.75	3,465.06	13,455.69	9,110.82	7,809.93	
Ohio	3,985.78	3,985.78		904.87	3,080.91	
Wisconsin	8,252.65	8,252.65		3,525.21	4,727.44	
Region V:						
Minnesota	4,316.97	3,794.16	522.81	862.26	2,409.09	1,045.62
Nebraska	695.95	695.95		512.62	183.33	
Region VI:						
Kansas	3,780.15	3,739.65	40.50	970.18	2,715.17	94.80
Louisiana	3,614.50	3,578.50	36.00	1,448.17	2,094.33	72.00
Missouri	1,575.92	1,575.92		400.85	1,100.07	75.00
New Mexico	663.60	663.60			663.60	
Texas	7,062.04	6,763.49	298.55	2,183.66	4,328.08	550.30
Region VII: None.						
Region VIII: Washington	4,893.80	4,692.90	200.90	89.15	4,402.85	401.80

[1] Based on reports from States, subject to audit.